



Hewlett Packard
Enterprise



Nevada Medicaid Nursing Facility and ICF/IID Tracking Process Training



Objectives

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By the end of this session you will be able to:

- Describe the current process and understand the new process when submitting tracking forms
- Differentiate between PASRR and Level of Care
- Demonstrate how to enroll in EVS and access the PASRR Portal
- Identify and resolve potential validation errors
- Navigate and submit an online form
- Identify resources to help with the new process



Nursing Facility Tracking Form

Nursing Facility Tracking Form

Nursing facilities must submit the Nursing Facility Tracking Form to Hewlett Packard Enterprise in order to bill. This form is required for all of the following:

- Admissions
- Discharges
 - **Note: Failure to immediately report discharge information may prevent the recipient from receiving other necessary services and/or prevent other providers from receiving payment.**
- Deaths
- Hospice enrollments or dis-enrollments
- Level of Care changes
- Medicaid Managed Care dis-enrollments
- New or retro eligibility determinations
- Payment continuations

ICF/IID Tracking Form

The facility must submit an ICF/IID Tracking Form within 72 hours of an admission, readmission, discharge, Medicaid eligibility determination or annual continued stay review.

Note: Failure to submit the Tracking Form may result in a delay or denial of payment.

The New ICF/IID & Nursing Facility Tracking Form Process

Current Process

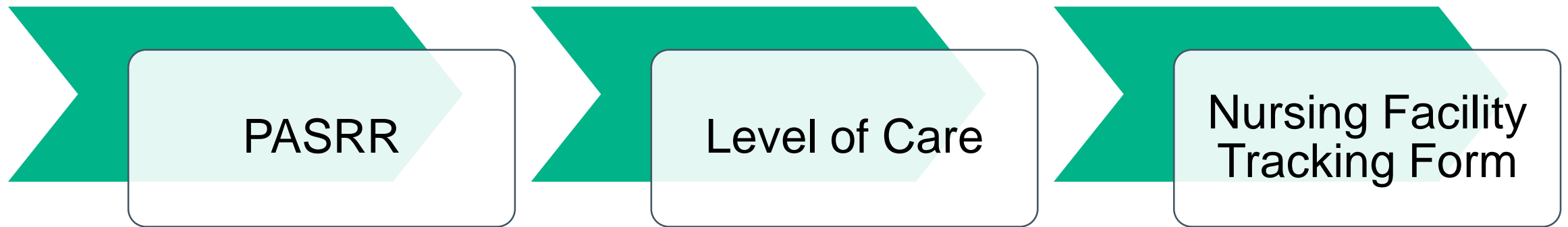
- Forms are currently being sent directly to DHCFP
- Forms will no longer be submitted to DHCFP effective **July 1, 2016**

New Process

- Beginning July 1, 2016, forms will now be submitted online and fields will be validated for accuracy
- Forms will be transmitted online directly to Hewlett Packard Enterprise via the Long Term Care/PASRR Portal

PASRR and Level of Care (LOC)

Nursing Facility Tracking Form



What is PASRR?

PASRR stands for **Pre Admission Screening And Resident Review**:

- Federally mandated program
- Required prior to admission to a nursing home
- Required regardless of insurance
- Screening tool for evidence of mental illness, intellectual disability and/or related condition

Types of PASRRs

Level I

- No time limit
- No mental illness, intellectual disability or related condition that meets criteria for Level II PASRR

Note: Level IA cannot be admitted to a nursing facility until Level II is completed

Level II

- There is either a mental illness, intellectual disability or related condition that meets criteria for Level II PASRR
- Has Specialized Services to manage the mental illness, intellectual disability or related condition
- Within the Level II there are special categories that may be time limited

Note: Level IIA cannot be admitted to a nursing facility

What is a LOC?

LOC stands for **Level of Care**

- This is a determination that is required for Nevada Medicaid recipients who are admitted to a nursing facility
- If someone who is admitted to a nursing facility becomes approved for Medicaid after they are admitted, a LOC determination is required before the nursing home can bill Medicaid
- Must be completed prior to obtaining a billing authorization for reimbursement
- 4 LOC Categories and 4 Service Levels

LOC Screening Types & Service Levels

LOC Screening Types

- Initial Placement
- Retro-Eligibility
- Service Level Change
- Time Limited

LOC Service Levels

- NF Standard
- NF Ventilator Dependent
- Pediatric Specialty Care I & II

Getting Started on EVS


Nursing Tracking Form Submission

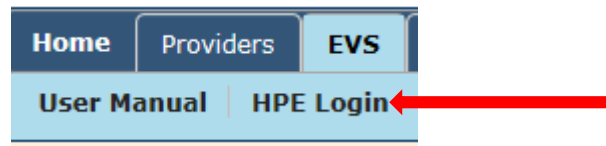
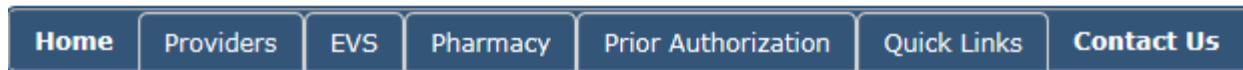
- Nursing Tracking Forms are submitted via the PASRR Portal
- To access the PASRR Portal, providers must be enrolled in the Electronic Verification System (EVS)
- EVS will provide you with benefit line updates

****Note**** Effective July 1, 2016, providers will be required to submit Level of Care (LOC) and Pre Admission Screening and Resident Review (PASRR) screenings through the Long Term Care (LTC)/PASRR online system.

Enrolling for EVS



Nevada Medicaid and Nevada Check Up News [ [Read](#)]

A "Provider Login" form box. At the top left is the title "Provider Login" and a help icon (question mark). Below the title is a field labeled "*User ID" with a text input box. Underneath the input box is a blue "Log In" button. At the bottom of the form are three links: "Forgot User ID?", "Register Now", and "Where do I enter my password?". A red arrow points from the right towards the "Register Now" link.

To register for EVS:

1. Go to www.medicaid.nv.gov
2. Click on the "EVS" tab
 - a. Click on the "HPE Login" tab
 - b. Click on "Register Now"

Enrolling for EVS



The screenshot shows the Nevada Department of Health and Human Services website. The header includes the Nevada state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". Below the header is a navigation bar with links: Home, Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Contact Us. The EVS tab is selected, and a red arrow points to the "User Manual" link. Below the navigation bar is a list of links for the EVS User Manual, with a red arrow pointing to "Chapter 1: Getting Started".

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

Nevada Medicaid and Nevada Check Up News [ [Read](#)]

Home Providers EVS Pharmacy Prior Authorization Quick Links Contact Us

Home Providers EVS

User Manual 

 [Chapter 1: Getting Started](#) 

 [Chapter 2: Eligibility Benefit Verification](#)

 [Chapter 3: Claim Status Verification](#)

 [Chapter 4: Prior Authorization](#)

 [Chapter 5: Provider Payment History and RA Access](#)

 [Chapter 6: Search Fee Schedule](#)

 [Chapter 7: Search Provider](#)

 [Chapter 8: Upload Forms](#)

 [Chapter 9: Treatment History](#)

For assistance with registering for the EVS:

1. Click on the “EVS” tab
2. Click on “User Manual”
3. Click on “Chapter 1: Getting Started”

Access to PASRR from EVS




Provider Services

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)
- ▶ [Revalidate-Update Provider](#)
- ▶ [PASRR](#) ←
- ▶ [EHR Incentive Program](#)
- ▶ [EPSDT](#)
- ▶ [Presumptive Eligibility](#)

Access the PASRR Portal from the home screen after logging into EVS

Navigating the Online Submission

Welcome Page




Nevada Department of Health and Human Services
Division of Public and Behavioral Health

Log Out | ?

[Welcome](#) | [Screening](#) | [Tracking](#) | [Applicant Lookup](#) | [Admin](#) | [Notifications](#)


[My Profile](#) | [Log an Issue](#)





Welcome to the Nevada PASRR Portal, PASRRAdmin PASRRAdmin(PASRRAdmin)
Please contact NV MMIS Web Portal Helpdesk on 877-638-3472 option 2, option 0 and option 6, for assistance.
You may change your password by visiting <http://www.medicaid.nv.gov/hcp/provider/>.

Add to Favorites
Firefox users, use
Ctrl+D

Your last login date: Thursday, May 26, 2016 01:33 PM, PDT (6 days ago)

**Issues, Incidents and Complaints**
Submit an Issue, Incident or Complaint.

**Help Desk**
For immediate assistance, you may call (800) 525-2395.

**Helpful Links**

General

- [State of Nevada Division for Aging Services](#)
- [Centers for Medicare and Medicaid Services](#)
- [Nevada Department of Health and Human Services](#)
- [U.S Social Security Administration](#)

When you have successfully signed in to the PASRR Portal:

1. The Welcome Homepage is displayed
2. You will see a note that says:
Welcome to the Nevada PASRR Portal, your name (user ID)
3. You will also be able to see your last login date and time


Applicant Lookup

Welcome Screening Tracking **Applicant Lookup** Admin Notifications

Current Organization details and User roles: [Click Here](#) to expand/collapse

Enter your search criteria:

[show search criteria](#)

Name (Last , First)*		SSN** (999999999):	Date of Birth (mm/dd/yyyy):
<input type="text"/>	<input type="text"/>	<input type="text"/> Undocumented Resident: <input type="checkbox"/>	<input type="text"/> 
Screening ID (99999999):	Medicaid ID:	PASRR Number:	NVP ID (999999):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your search criteria must contain a combination of 3 unique values or the Screening ID along with one other value.
* The first and last name count as one value.
** If Applicant/Patient doesn't have an SSN, check 'Undocumented Resident'.

Always start with performing an applicant lookup as there may be an existing PASRR and/or LOC on file.

- Must use **three** identifiers:
 - Last name, first name (and)
 - DOB (and)
 - SSN
- Enter criteria and click on search

Applicant Lookup: Verify PASRR and LOC Information

LOC History

History ID	Screening ID	LOC #	Start Date	End Date	Outcome	Screening Reason	Service Level	Cancel Reason	Attachment
5606	46778	2015344504	12/10/2015		Approved by Manual Review Nurse	Service Level Change	Ventilator Dependent		
5605	46777	2015344503	12/10/2015	12/10/2015	Approved by Manual Review Nurse	Time Limitation	Pediatric Specialty Care II		

After selecting the recipient's last name, if a PASRR exists it will be displayed under "Screening History" and/or "PASRR History"

PASRR History

History ID	Screening ID	PASRR #	Start Date	End Date	Went To Level II	Level II Diag. Type	isCategorical B	Certification	Delete
223932	55976	2014085135IC	03/26/2014		No		No	-	<input type="checkbox"/>

Delete

Screening History

MUST ID	Status	Screening Type	Submission Date	Completed Date	Screener Organization	Screener Name
122439	PASRR Manual Review	Change in Condition Review (PASRR Only)	10/28/2010	10/28/2010	HP Enterprise Services	Helpdesk, USP
122434	PASRR Manual Review	Change in Condition Review (PASRR Only)	10/08/2010	10/08/2010	HP Enterprise Services	Helpdesk, USP
122415	Completed	PASRR	10/08/2010	10/08/2010	HP Enterprise Services	Helpdesk, USP

312_100_38_0611

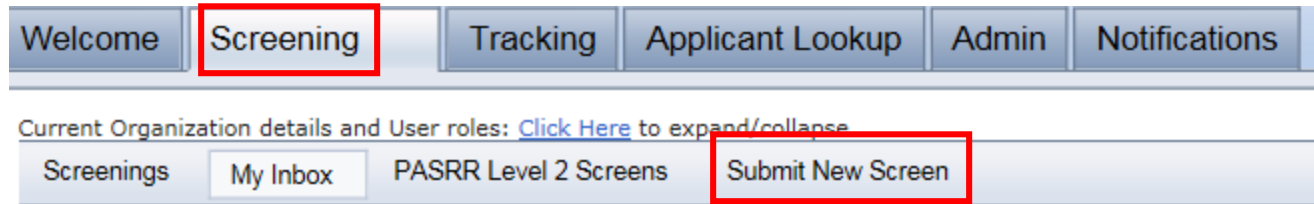


Screen Submission & Possible Outcomes

Tracking Screen Submission Process Overview

- Select “**Submit New Screen**” and enter information
- At submission if there is information missing or information does not match, you may receive validation error
- Once screen is successfully submitted, the system will automatically check eligibility and other criteria
- Possible outcomes of submission are:
 - Pended for additional information
 - Completed and approved
 - Completed and rejected

Submit New Screen



1. Click on the “Screening” tab
2. Click on the “Submit New Screen” tab

Submit New Screen: Verify Contact Information, Enter Applicant Information and Select Screening Type

Screenings My Inbox PASRR Level 2 Screens **Submit New Screen**

Submit New Screen

Step 1. Verify Your Contact Information

Screener Name:	Organization:	Organization Id:	
Address:	Telephone:	Fax:	Email:

Step 2. Enter Applicant Information

Last Name:	First Name:	Middle Name:
SSN (999999999):	NVP ID:	Date of Birth (mm/dd/yyyy):
Check box if recipient is Medicaid eligible <input type="checkbox"/>		
Medicaid ID:		

Step 3. Enter Screening Type

Screening Type: ▼

Select appropriate Screening Type based on the screening to be created. The Screening Type can NOT be changed after you start filling the form.

Continue

1. Verify your contact information
2. Enter applicant information:
 - Last Name
 - First Name
 - SSN
 - DOB
 - a. Click the box next to “Check box if recipient is Medicaid eligible”
 - b. Enter 11-digit Medicaid ID
3. Select “Screening Type”


Select Screening Type

Step 3. Enter Screening Type

Screening Type: NF Tracking ▼

Select appropriate Screening Type based on the screening to be created. The Screening Type can NOT be changed after you start filling the form.

Service Level: Standard ▼

Request Payment Date: 02/01/2016 

Continue

1. Select “NF Tracking” from the “Screening Type” drop-down box
2. Select the “Service Level”
 - Standard
 - Pediatric Specialty Care I
 - Pediatric Specialty Care II
 - Ventilator Dependent
3. Enter the request payment date
4. Select “Continue”

Note: If information does not match, validation errors will occur.

Example of Validation Error Prior to Submission

 Submit New Screen

Validation Messages/Errors:

- The service level requested does not match the LOC for this member.
- The LOC start date is after the NF admit date. Please check your dates.

To resolve, please check the LOC Service Level and start date


Request a new LOC if needed or change tracking request to match

Select Screening Type: ICF/IID Tracking Form

Step 3. Enter Screening Type

Screening Type: ICF/IID Tracking ▼

Select appropriate Screening Type based on the screening to be created. The Screening Type can NOT be changed : you start filling the form.

Request Payment Date: 02/01/2016 

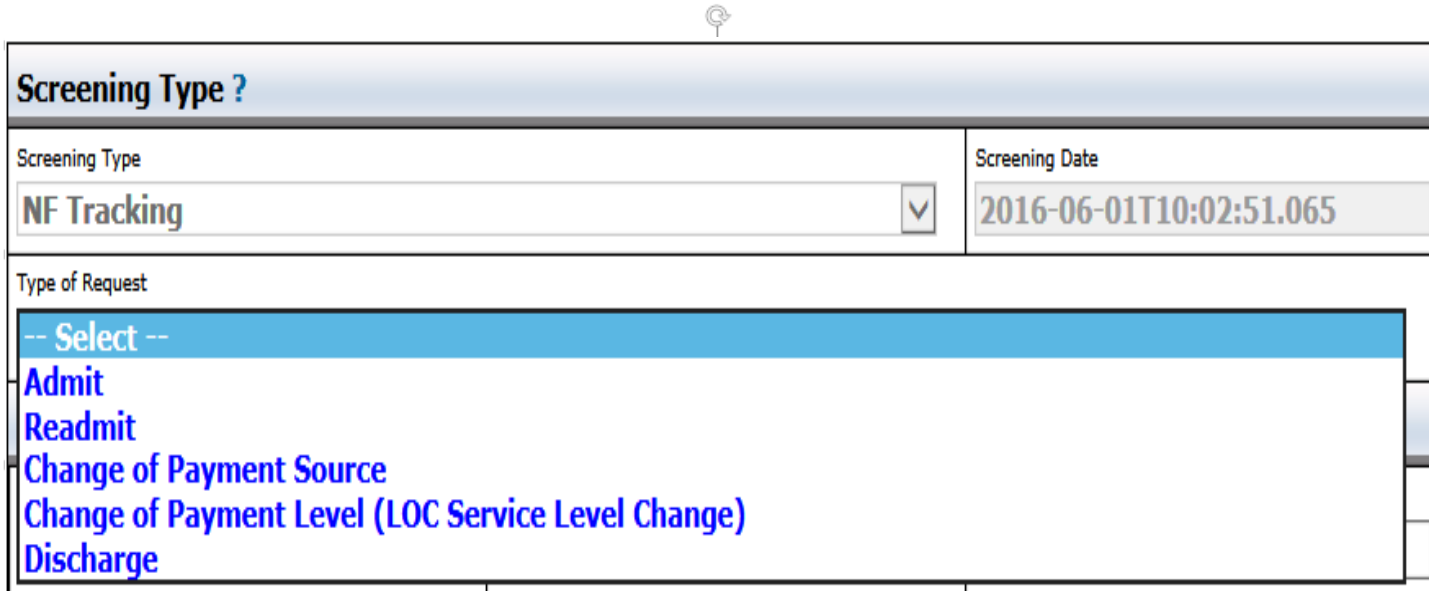
Continue

1. Select “ICF/IID Tracking” from the “Screening Type” drop-down menu
2. Enter the payment date
3. Select “Continue”

Note: If information does not match, validation errors will occur:

- The information entered does not match our records

Select Type of Request: NF Tracking & ICF/ID Tracking Form



Screening Type ?

Screening Type

NF Tracking

Screening Date

2016-06-01T10:02:51.065

Type of Request

-- Select --

Admit

Readmit

Change of Payment Source

Change of Payment Level (LOC Service Level Change)

Discharge

- Select the type of request from the drop-down box
- Additional fields will become required depending on the type of request selected

Enter Provider NV Medicaid ID & Date of Admission

Input the Provider NV Medicaid ID


Requesting Facility or Provider Information ?		
Screener Last Name	Screener First Name	Provider NV Medicaid ID
Fraga	Thea	00000000

Input the Date of Admission or Discharge Date

Admission Information		
Requested Medicaid Payment Start Date	LOC Service Level Category Requesting	Date of Admission
02/01/2016	Standard	02/01/2016
LOC Start Date	LOC End Date	
02/01/2016	01/31/2017	

Enter Date of Discharge and Reason

Select discharge reason from drop-down options and input discharge date

Discharge Information	
Discharge Reason Transfer to Another ICF - ▼	Other Discharge Reason <input type="text"/>
Discharge Date 10/25/2014 	
Additional Information ?	
Comments: <input type="text"/>	



Validate and Submit



1. Validate responses and correct errors

2. Click on “Submit” to successfully transmit the tracking form

Eligibility Verification Error

 **Tracking Form Review:** 

Manual Review:

Screening auto rejected by system.

Message:

The member is not eligible for Medicaid on the date(s) of service requested.

If the recipient is not eligible, this message will display when recipient detail is accessed

Pended for Additional Information/Physician's Certificate

Attachments and Messages:

Attachments

Screening Form: UniformScreening.pdf

All Attachments

File Name	Size (bytes)	Description	Attached By	Date	Action ID
There are no attachments for this screen					

Add Attachment

Attachment Path: Browse...

Attachment Description:

Attachment Path: Browse...

Attachment Description:

Upload

Attachment Tips:

- Allowed file extensions: jpg, pdf, txt, rtf, doc, gif, tif, rar, zip
- Allowed maximum size per attachment is 4000000 bytes (~4 Mega Bytes)
- Bundle multiple attachments into a zip file using tools like WinZip
- When scanning document, scan into PDF, gif, tif file formats
- Do not do compressed zip when zipping


Messages:

Date	Author	Message
05/20/2016 17:04	User.HelpDesk	Please provide Physician's certification by uploading document.

How to add attachments:

1. Access screening list
2. Select screening ID
3. Click on "Add Attachment" (Browse)
4. Browse for attachment
5. Click "Upload"

Pended for Additional Information

 **Workflow Task:**

Additional Information Required:

Additional Information is required. Please review the messages in the [Messages](#) section of this page to see what action is required. If you need to attach a file, please use the "Add Attachment" section on this page. **IMPORTANT:** [Attachments](#) must be added before submitting your reply.

Message Text:

250 characters limit

Submit

ICF/IID tracking requests for admits will be pended back for attachment of physician certification and resubmission.

Required: Complete a message in the text box and click submit

Successful Transmission

Screening has been submitted and your Screening ID for reference is **47026**.

Screening ID	Current status of your Screening	PASRR #	Description
47026	Completed		

After successful transmission, refer to the PASRR Portal. Click on “Screening ID” from “Screening List” to view the screening outcome.

Reminder: “Completed” can mean approved or rejected

Verify Screening Outcome

WelcomeScreeningTrackingApplicant LookupAdminNotifications

Current Organization details and User roles: [Click Here](#) to expand/collapse

ScreeningsMy InboxPASRR Level 2 ScreensSubmit New ScreenLOC ScreensTracking Form Screens

Screening Filter

Screening List

[Show Archived Screen]

1

>> Last



Results Per Page: 25

Displaying: 1-25 c

Screening ID	Applicant Name	NVP ID	Status	Submission Date	Completed Date	Screener Name	
47076			LOC Manual Review	05/31/2016		User, HelpDesk (HP Enterprise Services)	more..
47075			Completed	05/25/2016	05/31/2016	Robinson, Christi (HP Enterprise Services)	more..

Click on “Screening ID” to verify outcome in Screening Detail screen.

Example of a Screening Rejection Disposition Message

 **Tracking Form Review:** 

Manual Review:

Screening auto rejected by system.

Message:

The member is enrolled in an MCO on the date(s) of service requested. Please contact the MCO.

When validation errors occur, refer to the validation error guides for resolution.

1. Click on “Screening” tab
2. Review the screening list

PASRR/LOC Contact Information



Nevada Department of Health and Human Services

**Division of Health Care Financing
and Policy**

**State of Nevada Division of Health Care Financing
and Policy Long Term Services and Supports
Facilities Unit:**

775-684-3619



**Hewlett Packard
Enterprise**

**Hewlett Packard Enterprise NV MMIS PASRR/LOC
Customer Service:**

1-800-525-2395

**Hewlett Packard Enterprise Nursing Facilities Provider
Field Representative:**

Jennifer Shaffer 775-313-2811



**Hewlett Packard
Enterprise**



Thank you